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THE PSYCHOLOGICAL ORIGIN
OF MENTAL DISORDERS



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THE PSYCHOLOGICAL ORIGIN OF MENTAL DISORDERS

By

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Authorized Translation

BY

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The Psychological Origin of Mental Disorders

There are some individuals whose reason is disturbed and whose actions are guided by strange sentiments. When the mental disorder is very pronounced we confine these patients as *madmen* or *lunatics*. They are numerous, for, according to statistics, it is necessary to consign nearly ten persons out of a thousand to the asylum. In slighter degree, the disease permits of the subject living still in society, though his actions may be peculiar and often culpable; we speak then of the *semi-insane* or *unbalanced*, and endeavour to establish the degree of their responsibility. Finally, when the

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mentality of the patient approaches the normal, and somatic functional symptoms seem predominant, the pathological condition is termed a *neurosis*. These "nervous" cases constitute the great bulk of the clientèle of the neurologist, while the psychoses properly so-called belong to the domain of the alienist.

There are only *differences of degree* between these conditions. In all of them we find abnormal states of mind. All these patients are *psychopaths* and it is for practical reasons alone that we set a purely conventional boundary between the *psychoses* and the *neuroses*. I have proposed the substitution of the term *psychoneurosis* for that of *neurosis*, in order to emphasize the importance of the psychic symptoms. Let

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us observe that the boundary between these attenuated forms of psychopathy and the normal state is equally conventional. Griesinger says: "The question whether a man is, or is not, insane is of no significance in many cases." To indicate this absence of precise limits I have used the simile of a "degradation" in which colours gradually pass from pure white, representing ideal health, to the black of insanity.

It is to the *psychopathies* in this wide sense of the word, from the slightest neurasthenia to confirmed paranoia, that the following considerations apply.

In this subject there arises a question of capital importance, interesting in the highest degree both to medical men and to the public.

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Are these psychopathies organic and due to *material* and *primary* alterations in the organ of thought, or are they *psychic* and induced by *mental representations*? One might also put the question in another form: "Is the mental trouble due to a *primary cerebral lesion* (cerebroopathy), or is it a *psychopathy* in the strictest sense of the word?

The reply to this important question has varied greatly at different epochs, but it must be admitted that the *materialist*, *somatic*, or *organic* solution has dominated all the schools and still possesses the minds of modern psychiatrists and neurologists.

In ancient times, among the Hebrews and Greeks, insanity was ascribed to divine influence, to the in-

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tervention of gods or demons in the lives of men. Nevertheless, we see also the development of an interesting conception which tends to be revived at the present day, namely that the *psychopathies are engendered by exaggeration of the passions*: anger, vengeance, amorosity, unrestrained ambition, discouragement, religious fanaticism, etc. But, with the great medical men of antiquity, we enter at once the era of materialism. Already in the Hippocratic writings there appears the view that "diseases of the mind are affections of the bodily organism." As Heinroth observes, this was the beginning of the error in which we have remained; this is what has hitherto prevented the advent of a "medicine of the mind." Already in these writings we find the term

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“paranoia,” and that condition is attributed to *bile and to secretions vitiating the blood*. The treatment advocated is also material: bleeding, emetics, purgatives, hellebore and hydro-therapeutic measures, etc. The erroneous interpretation is partly due to the fact that these writers take note, more of acute cases with fever and delirium, than of chronic insanities; and in these acute affections treatment by drugs may be usefully employed.

This physical therapy ruled in antiquity, but one often sees the idea of *psychic* treatment make its appearance. Already, in addition to bleeding and purgation, Celsus recommends an individual psychic treatment consisting in the encouragement of the timid and the moderating of the violent. For

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riotous laughter he employs scoldings and threats; gloomy ideas are driven away by music. Punishment is used not merely to prevent wrong actions, but also to force the patient to reflect. Excepting those who were the subjects of fear, all these patients were deprived of wine.

Coelius Aurelianus, under Trajan, indicates as psychic causes of alienation: late nights, amorous excesses, anger, grief, fear and false religiosity. Galien, on the other hand, already imbued with the anatomical spirit, pays no attention to moral influences. The compiler Aetius (A.D., 543) is frankly somatic, and attributes insanity to an inflammation of the meninges. He even essays a localization, and if the inflammation attacks the anterior lobes,

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he says that there are symptoms affecting the imagination; if the middle brain is the site, then it is the intelligence that suffers, while affection of the posterior lobe deranges the memory. He indicates one or two attacks per annum as the periodicity of the *insania*. He describes a method of treatment which one might call psychic, employed by Philotimus, who placed a heavy hood of lead upon the head of a patient who maintained that he was headless. This is already *dialectics*, a manner of logic, the argument *ad hominem*.

Alex. de Tralles had before then employed the subterfuge, so often since used, of giving an emetic to a woman who said she had a snake in her stomach, previously placing a snake in

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the basin. She was cured, he says. He also refers to the case of a woman who fell into a condition of melancholia owing to the departure of her husband, and recovered on his return.

The Jews, like the Egyptians and Persians, did not pursue this movement but retained the superstitious ideas of demonopathy. It was the day of magic, the cabala, theosophy and theurgy, errors which held sway also in the era of Roman decadence.

The same spirit of superstition reigns through all the monkish middle ages. The curative measures are prayers, the laying on of hands, exorcisms, holy water, unctions, relics and amulets—when it is not the stake.

Among the writers from the fifteenth to the eighteenth centuries we find many

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fairly good nosological descriptions, but the idea of demonopathy still rules. We find it even in Luther and Melancthon. Some authors, however, point out psychic factors, and Aggrippa de Netterheim (Cologne, 1846) already had the idea of curative action "at a distance" which was to find its complete development in the magnetism of Mesmer.

In short, from Hippocrates to Boerhaave, that is to say, down to the end of the seventeenth century, we find the theory of black bile, or various analogous somatic conceptions, reigning supreme among medical men.

The Italian, Chiarruggi (1793), like the Englishman, Cullen, advanced the view of a physical alteration of the brain, and absolutely refused the ex-

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pression "diseases of the mind," for mind, he said, is immaterial and can not be diseased. Dufour, in 1786, placed the disease, not in the brain, but in the abdominal organs, anticipating by a century our moderns, imbued with the idea of intestinal autointoxication.

At last, with Pinel (1801), we enter the era of rational psychotherapy. Not only does he remove the chains from his patients at Bicêtre, but he uses his moral influence to reestablish in them, to use his exact words, "the work of logical reflection." His pupil, Esquirol, carefully studied the influence of the passions in the development of the insanities and already obtained happy results by psychotherapy. Another Frenchman, Daquin (*Philosophie de la Folie*, 1791), had before then written

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the memorable sentence: "Greeted as paradox though it will be, I nevertheless maintain that for the cure of those who have lost their reason there is no other means than to make them—reason."

During this period, from the seventeenth to the nineteenth centuries, the English show themselves mediocre in theory, but in practise do good psychotherapy, like Pinel endeavouring to restore self-control to the patient by kindness or severity according to the case. In 1789, Harper claims that insanity is a "disease of the mind" and does not depend upon any physical disturbance, that it is the passions that lead to the want of mental balance. Therefore, as a prophylactic he advocates education directed to the lessening of the yoke of

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the passions, and measures, at once, physical and moral, when the trouble is confirmed. Pargeter (1792) insists upon the influence exercised upon the patient by the look and bearing of the medical man. Haslam (1798) recognizes physical and moral factors as causes of insanity, and, in regard to the latter wrote: "The majority of the moral causes may perhaps be ascribed to faults of education which have sown the seeds of insanity in the young mind, so that slight causes suffice to produce the loss of the reason. Educators should concern themselves more with the formation of character, by lessening the yoke of the passions, than with the cultivation of knowledge."

A. Marshall, in 1815, indicated as the cause, lesions of the vessels of the

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brain and heart, as our moderns point to arteriosclerosis. B. Fawcett (1780) devotes a monograph to religious melancholia and assigns as the cause: exaggeration of ideas and emotions, impressionability in face of the vicissitudes of existence, disappointed ambition, worrying temperament, and tendencies to fear or to indolence.

From the Germans of that epoch we have some judicious remarks on the subject of psychic causation. For the cure of mental diseases, Langermann (1797) advises the same prescriptions, methods and devices that educators employ to form the mind of a child, namely, to develop the patient's reason and induce him to control his feelings and correct his follies.

Reil of Halle (1803) recognizes the

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value of psychic treatment, which he considers capable of improving the symptoms even in incurable cases. He makes use of psychic stimulants producing pleasure or pain as the case may be, (music and encouragement on the one hand, and on the other, reproof and threats). He insists upon the necessity for preparing the patient and rendering him accessible to advice and for awakening his understanding so that he may be induced to obey. He is the German rival of Pinel. Horn and his pupil Sandtmann accepted these ideas of Reil, that is to say, direct treatment by word of mouth, by educative influence, but they only considered it to be practicable in slight cases or in the convalescence of severe cases. In the period of the insane state they

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employed an indirect method which they called revulsive or antagonistic. It was a *treatment by pain*, sometimes negative (deprivation of food, air or light), and sometimes positive (painful stimulation): internally, emetics, purgatives and sialogogues; externally, tickling, sternutatories, flagellation with nettles, cutaneous irritants, cauterization, cold affusion, douches, immersion, baths, suspension, and circumrotation; all this with the object of re-awakening the diminished or distorted cerebral activity. Heinroth, from whom I borrow these details, himself obtained some good results by this too energetic psychotherapy, but he admits that there were many patients who resisted and became more and more rebellious, and he quotes the saying of

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Lessing in Nathan le Sage: "Kein mensch muss müssen."

I now come to Heinroth of Leipzig who, in 1818, wrote an excellent work in two volumes: "A treatise upon the disorders of the mind and their rational treatment." He styles himself "professor of psychic medicine" and, indeed, at his time no one had clearer views upon the origin of mental diseases and upon moral treatment. How is it that he has been almost forgotten and that his name takes an undistinguished place only in the bibliography of modern works on psychiatry? The reason seems to me to be that he pushes religious spiritualism to its extreme limit and recognizes the sole cause of all the psychopathies in—sin. Such an assertion, so crudely expressed could not

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but awaken the susceptibilities of the tribe of biologists, all more or less materialist. Judgment was made and the victory appeared to belong to his adversaries, the somatists, represented by Nasse and Jacobi (1830).

Being aware of his exaggerated spiritualism, I confess that I approached the study of Heinroth's work with a certain amount of distrust. But the perusal restored my sympathy and I was astonished to find in his admirably written work—at the beginning of the nineteenth century they wrote better, both in Germany and France, than to-day—so clear an exposition of the causes of the psychopathies and such accurate views upon the bases of a rational psychotherapy. I shall endeavour in a few words to sum up his

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teaching. Professing analogous ideas, I owe him a slight rehabilitation for having so long neglected the study of his works. On the other hand, I am glad to have arrived independently at a conception very similar to his, though it is reached from quite different hypotheses.

While deeply religious, Heinroth is yet a *monist*. He vigorously opposes any separation between body and mind. But he is a *spiritualistic monist*. The body is, to him, merely the instrument of the mind; it has no potency but what comes from the mind, through the power given to man by the Creator. This soul he regards as having but one primitive tendency, namely an impulse to perpetual development toward the divine being from whom it eman-

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ated and to whom it aspires. Bodily disease itself, only appears real to him in so far as it is perceived by the mind; only existing, so to speak, in relation with the mind; for he well realizes what so many others have forgotten, that *the capital fact in regard to the life of the mind is consciousness*. This is the point of view which at the present day has been exaggerated by the American "Christian Scientists" who even deny bodily disease on the ground that the health of the body depends upon that of the mind, and the mind being a portion of the divine mind, it cannot be diseased. Heinroth is too much of a physician and a biologist to arrive at that simplistic conception. In him we find a sort of spiritual stoicism. He believes that bodily disease can hardly

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arise if we live by reason, and when it does develop as the result of exterior circumstances, it does not necessarily have any effect upon our state of mind.

Heinroth is religious; he founds himself directly upon the Holy Scriptures. He unhesitatingly admits the hypothesis of original sin, for he claims for the mind the *liberty* given by God to man, and that if man strays from the ways of God and falls into physical or mental disease, it is by his *fault*, and he must bear the consequences.

But on examining this religiousness closely we do not find it to be narrow, nor does it wander into superstition. He takes the true aim of life to be advance along the road of perfection,

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and the sole light that we have to guide us, to be our *reason*. And if we live constantly according to it, we keep in mental and physical health; if we do not listen to its teaching, we go astray and fall into sickness.

I believe that I am unaffected with any tinge of pietism, yet, after making a few corrections, I am able to accept this writer's view. It has a very strong analogy with the philosophical opinions I have expressed, and which I have applied in my *psychic treatment*. But we differ upon some important points. Heinroth fully admits not only the existence of a personal God, but also biblical revelation. He believes in an *innate conscience in regard to good and evil*, a torch set before us by Providence which we only allow to become

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extinguished by our *fault*. There is no help for man except in the practise of the Christian virtues. Such is the view of Heinroth.

Personally, I am agnostic in regard to these metaphysical beliefs which I consider hypothetical. I cannot conceive the idea of an *innate conscience* placed in a child's head at a time when its brain is not even developed. Conscience is, to me, a treasure acquired by our own experience and that of others. It comes into being in the course of our life and grows richer and richer if our soul—I shall explain this word farther on—incited by the attraction of good, follows the path of ethical improvement. Where Heinroth sees a personal God who points out the way for us, I can only see an Ideal conceived

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by our mind on the basis of our sensible experience. Lastly, while the confirmed ideas of liberty leads to a certain hardness in Heinroth, mitigated however in his practise of the medical priesthood, the *determinism* which I see ruling in the life of man and in the whole of nature, leads me to a constant indulgence that shuts the eyes to the past of others and has but one object: to lead them back to a healthy life, both of mind and body.

Heinroth's views upon the origin of the psychopathies have the impress of genius. He notes the numerous accidental moral and physical causes which provoke mental disorder and he realizes that it is the *product of two concurrent factors: the primitive disposition of mind* which plays the part of a mother

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in his simile, and evil, namely all that is contrary to reason, which he calls the father. Man is never indifferent; he always desires or fears. This impressionability varies in different individuals, according to their constitution, and in this Heinroth recognizes an undeniable influence of the physical upon the mental. But he does not consider that this view gives support to the materialistic conception—because it is the mind that determines the state of the body and we hold in our own hands the helm of reason. He here forgets that every one does not, to begin with, possess this sovereign reason, which would indeed be the remedy for all our troubles, nevertheless, no one attains to it. His dogma of liberty prevents him arriving at the determinist conception.

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Like many other observers, Heinroth realizes well the commonplace character of the physical and mental factors which produce alienation. These he finds in part to be physiological conditions—puberty, menstruation, pregnancy, the puerperium, the menopause, senility, or constitutional and accidental diseases; and, on the other hand, the vicissitudes of existence common to all humanity. He asks the double question: Why is it that only a certain number of individuals succumb to the influence of these every-day causes? Why, on the contrary, are so many able to live in evil, continuing to be slaves to their passions, suffering all the physical and moral effects of an unruly life, yet do not thereby lose their reason? It is, he says, because, in order to produce

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the fatal catastrophe, there must be a *specially close affinity* between the *natural and temporary dispositions* of the subjects and the *event* which plays the part of provoking agent.

This observation shows very fine insight into the various conditions which contribute to the production of the psychopathies. All these conclusions of Heinroth indicate that he possessed strong reason, cogent logic and high professional morality. One is surprised to see such a personality fall, as it were, into oblivion, still more to see him followed by generations of psychiatrists and neurologists to whom his ethical data are no better than Chinese. But truth pursues its way untroubled by the obstacles it meets with.

From time to time in the course of

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the nineteenth century we find fresh attempts being made to give a preponderant value to the psychic factors and to institute a psychic treatment based upon that view.

In 1840, Leuret, in his fine work, "The Moral Treatment of Insanity," brings forward excellent arguments against the somatic theory. He notes the influence of the passions and, particularly, ambition as a cause of mental disorder, and he institutes a psychic treatment by persuasion, in which too frequent use is made of the douche as a means of intimidation. In this he is akin to Horn and Sandtmann and does not care in the least if he loses the affection of his patients by his severity, provided he cures them. Yet what devotion he shows in his psychotherapy when

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he does not hesitate to leave his asylum for months, to live in apartments with a patient, in order to rid him of false ideas and teach him to see things as they really are. He still had frequent recourse to threats of the douche or to ridicule, but ever maintained for his patient the interest a rescuer takes in his work. And he was rewarded for it by surprising successes, as when, in a few months, he restored to health patients who had spent fifteen years of their lives at Bicêtre without recovering from their insane ideas.

In the domain of the "psychoneuroses" the physicians of the first half of the nineteenth century apprehended the primary psychic origin of the "nervous states." After Tissot of Lausanne and Tronchin of Geneva, whose whole

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career was devoted to psychotherapy, we read to our profit the works of the medical philosophers, the "Physiology of the Nervous System" by the admirable Georget, pupil of Esquirol, the "Nervous Gastralgias and Enteralgias" of Barras, a native of Fribourg, (Switzerland), Sandras and lastly, not far from ourselves, Lasègue, who analyzed psychopathic anorexia so well. To read the works of these authors would do more for the education of the young medical generation than many of our indigestible treatises.

Owing to the advances of anatomy and biological chemistry, and the entrance of physicians of the body into psychiatry, the progress of this "medicine of the mind" was again delayed. The wind soon veered to gastro-intes-

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tinal autointoxication, microbic toxins and alterations in internal glandular secretions, etc. At the same time, with a logic more apparent than real, an attempt was made to coordinate mental phenomena with the data of energy. The words, soul and mind, were suppressed, while use continued to be made of the terms psyche, psychic, etc. And so the true path was departed from, that of psychotherapy based upon psychology.

Maurice de Fleury (Paris, 1890) had an intuition of this "medicine of the mind," and wrote delightfully upon the treatment of our defects, which are the embryos of our insanities. He did not, however, sufficiently free himself from physical therapeutic methods and instead of pursuing psychological analysis

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for which his talents rendered him particularly suited, he recommended the injection of salt-water, and later gave a mitigated support to medication by seawater, which at present is receiving the attention of the dilettanti.

That universal servant, electricity, has been added to the ancient hydrotherapy as a means of acting upon the minds of the various psychopaths who are received into the special sanatoria. Many of the patients realized, before their Esculapius grasped it, the vanity of these purely physical measures as applied to troubles the origin of which is psychic. Finally "black bile" has been resuscitated in Paris in the form of the cholemia of Gilbert and restricted dietaries have become so much the order of the day, especially in France, that one

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hardly sees any but individuals in a state of malnutrition, tormented by flatulence and constipation, living for years the lives of valetudinarians, not perceiving that it is their *hypochondria* that is the cause of all the trouble.

Taught solely by observation in my daily practise, I have arrived at quite different conclusions. Certainly, I have noted the part played as provoking agents by physical and mental factors, especially the latter, but while realizing the undesirable reactions that are produced by them, I am obliged to condemn primarily the *primitive mentality*. Therefore, from the commencement of my efforts at therapeutic treatment, I have endeavoured not merely to avoid detrimental influences by rest, superali-

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mentation, relative isolation, etc., but by an actual *re-education* to modify the neurasthenic, psychasthenic, hysterical, hypochondriac or melancholic primitive mentality. It is by so doing, keeping in view the ultimate distant object, *the formation of the character*, that I have obtained durable results. In the course of a career of thirty years I have been able to follow my patients in their after-lives and to know that they had acquired a stable mentality. They have been able thereafter to withstand the turmoil of existence, some being supported by broad religious convictions, which I would scruple to shake, others by a natural philosophy in which serene reason has guided their progress toward the Ideal of moral beauty. This Ideal is perfectly accessible to

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pure reason, in spite of the agnosticism which prevents one saying, "I believe," where one can only say, "I do not know."

Besides some young physicians whom I have initiated into this rational psychotherapy, and who apply the method according to their own mentality, I have found many adherents among my contemporaries. They were working by themselves and got into the same track and we met unknown to each other. Some of them are excellent practitioners, strangers to scientific research, but endowed with a spirit of observation founded upon common-sense which is lacking in many of the coryphei of academic medicine. Others, physicians of sanatoria or clinics, have been in a position to observe closely .

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the progress of the relatively benign psychopathies which I have denominated psychoneuroses.

Rosenbach and his pupils in Germany have fully apprehended the importance of this influence of the psychic upon the functioning of our organs, and while endeavouring to remain strictly within the borders of a dynamic pathology they have not neglected the method of re-education. Westphal anticipated me long ago by his "intellectual theory" of the phobias. Strümpell and Binswanger have also recognized the importance of the psychic phenomena. Though Marcinowski uses hydrotherapeutic measures, he also has realized the significance of the mental element, and in his able works ("Im Kampfe um gesunde Nerven" and

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“Weltanschauung und Nervosität”) he has risen to the conception of a rational morality. Oppenheim, though he does not sufficiently recognize the value of reasoning, seeks nevertheless to influence the patient's mind even by the method of psychotherapeutic correspondence. Buttersack of Berlin has also placed in the foremost rank the moral influence which the physician should exercise over his patients.

Professor Déjerine of the Salpêtrière and his pupils Camus and Pagniez have written many fine works upon all these forms of neurosis and the psychic treatment which they demand. Déjerine has shown that this treatment is not solely applicable to the prosperous classes, but can be undertaken in a hospital, and can be brought within the

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reach of the necessitous. At the Geneva Congress he stated also that he had never known neurasthenia to arise from physical causes alone. Even in the case of manifest physical or intellectual overwork he only finds harmful influence where the *work is accompanied by anxiety*, that is to say, emotion of any kind. He also clearly realizes the part played by the primitive mentality which alone allows the provoking agents to exercise their influence.

P. E. Levy has taken up a similar position in his book on "The Education of the Will," and in other psychotherapeutic publications.

Many of these psychotherapeutists have not succeeded in avoiding the stumbling-block of hypnotism, or of suggestion in the waking state, and

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their methods recall too much the Nancy School. I have never overlooked the importance of the searching studies of Bernheim and have rendered my homage to the works of that school. They have cast a brilliant light upon the pathology of the mind, but their writers have not managed to escape the bondage of an artificial system to rise to the conception of a true re-education by purely rational means.

And now Freud of Vienna and his followers have come to the aid of rational psychotherapy with their enthusiastic pursuit of the psychological analysis of the patient. Even in Dementia Precox they have succeeded in following the chain of association of ideas and disclosed the emotional factor that has upset the patient's mind and

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precipitated him into Dementia (Jung). I maintain all reserve in regard to the theory of "Abreagieren" and that of the driving back of the emotional shock, which would reveal itself in other directions. I cannot see the therapeutic value of simple psychoanalysis even though it succeed in disclosing "the secret," that is to say, the event, which has disturbed the morale. I therefore reject the method, but I welcome these investigators as allies who are endeavouring to probe the operations of the mind and demonstrate the part it plays in the genesis of the most profound psychopathies.

Heinrich Stadelmann (1904), a Dresden neurologist and a strong supporter of the dynamic doctrine, is none the less convinced of the prepon-

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derant influence of the *primitive mentality* and he attributes the psychopathies, or "psychosis" as he terms it, to the concurrence of three factors:

1. *The primitive manner of feeling and thinking (Fühlanlage).*

2. *The temporary disposition of mind (Fühllage).*

3. *The event (Erlebnis)* which shakes the morale more or less profoundly according to the natural and *temporary* dispositions of the subject.

This is in fact what Heinroth said when he declared that, in order to produce the fatal catastrophe, it was necessary that there should be a particularly close affinity between the event playing the part of provoking agent and the natural or temporary dispositions.

The psychiatrists of to-day have

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paid special attention to classification and have aimed at the careful delimitation of the various forms of psychopathy so as to render the depending diagnosis and prognosis more precise. Others, like Alzheimer, seek to demonstrate the cerebral lesions by histological methods. They are quite right in so doing, for such details can not but be useful. But an evolution is in preparation in the practise of psychiatry. In many cases confinement is still necessary and beneficial, but violent measures are no longer employed. The influence of the discipline in the asylum is kind and educative and leads the patient back to normal life. In so far as his professional duties allow of it, the modern psychiatrist is interesting himself more in the mental life of his patients. He

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influences them by his benevolent interest, analyzes their defects of character and understands the importance of these in the genesis of the psychopathy.

Prof. Francesco del Greco of the University of Naples, psychiatrist at the Como Asylum, has written exceedingly well upon the moral treatment of the psychopathies. He points out that somatic treatment merely acts *en bloc* upon certain causal but not specific phenomena and does not penetrate to the complex psychological process. He maintains that psychic treatment alone goes to the root of the matter and that experience shows that "action upon the mind is of the highest importance in the treatment of the psychopathies"; and he concludes with the following fine passage on the subject

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of the insane: "We must touch their hearts; that is the old precept of all moral education, so true is it that the health of our physical and mental ego requires that we should enter into intimate, active and formative association with all that surrounds us. We must fix the facts in our minds that 'well-doing' lies in forgetting ourselves and our mean and egoistical preoccupations and in directing our thoughts to the good of all, so that there comes to be incorporated with the *organic self* a greater *social self*, truly human and progressive."

Is this altruistic morality very far removed from that of Heinroth to whom salvation lay in the establishment of a higher conscience, in ethical improvement?

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At last the leaders of schools are also evolving, and in his eighth edition Kraepelin assigns to psychic factors an importance very different from what he did when he commenced writing. Even in relation to the circular insanities, which by their periodicity appear to support the organic theory, Kraepelin points to depression due to psychic causes. He attributes many of the phobias to the influence of certain features of modern life upon the mentality of the subject. That means that he recognizes the psychological origin of these disturbances of ideation. He still, in my opinion, commits the error of making too great a separation between the affective and the intellectual phenomena. Westphal came nearer to the truth.

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To endeavour to enumerate all the writers who have more or less definitely entered upon the path of rational psychotherapy would be an endless task; already their name is legion and there are some in every country. In America this movement has become considerable and clergymen and other teachers are cooperating with physicians and neurologists of the greatest distinction in the work of moral re-education. I am not yet decided as to the value of this collaboration.

To sum up, if from wrongly interpreted biological science many medical men have not risen beyond somatic views, there have always been physicians of insight who have recognized the importance of psychic phenomena. There have always been practitioners, who, without professing any theories on

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the subject, have used their moral influence to lead their patients back to healthy habits of life and to fortifying religious or philosophical convictions. And now, after many gropings, these ideas are becoming defined and we are entering at last upon an era of truly rational psychotherapy. There still remain many battles to be fought, not only with the obdurate somatists, but even among the partizans of psychotherapy, for every one has his own ideas on the subject. Believers in "suggestion" will not lay down their arms, but will continue to attract to their ranks the medical men who do not know how to reflect and to attain to a higher conception. For some time yet, the "psychoanalysts" will take pride in the superiority they attribute to themselves, believing, as they do, that they penetrate

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more deeply the innermost depths of the human mind, which draws its existence from the "subconscious," according to them. Let us leave all these susceptibilities among medical men and scientists to react upon each other. Something always come of these discussions and it is by passing through error that we gain the truth.

It remains for me to describe briefly the conception of the origin of the psychopathies at which I have arrived.

The biologist is unable to admit the truly simplistic idea of *spiritualistic dualism*, that is to say, the existence of an immaterial substance occupying the material body. Science endeavours to reduce phenomena to simple elements; it aims at unity and so is *monist*.

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It regards man as one whole, composed of differentiated organs which react under the influence of various stimuli according to the constitution and excitability proper to the cells composing them. We regard life itself as an organic reaction to the various stimuli which start from our senses or from within our organism (internal sensations).

I am in no way opposed to this scheme¹ of the vital manifestations and, as far as our knowledge goes, I think that we should apply the modern data of energy to all these problems. In this sense I regard myself as a "monist-materialist."

But if this is, so to speak, a postulate of the reason, I am sorry to see the cause of science compromised by those who

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adopt insufficiently - grounded conclusions. The scientist may put forward hypotheses and guide his researches by such anticipatory views, but he must remain *agnostic* toward everything that has not been demonstrated. To suppress a problem is not to solve it, yet that is what is constantly being done.

If we look at the various stimuli which determine the reactions of our different organs, and which in fact make life, we shall find two classes:

1. *Physical stimuli*, acting upon our five senses and determining reactions *directly*.

2. *Psychic stimuli*, in which, even when of sensorial origin, the reaction is only brought about by *mental representations*, i. e., follows upon *thoughts* and *ideas*.

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Allowing that in final analysis these two orders of stimuli may be reducible to material elements, it is none the less true that there are notable differences between them.

The physical stimuli, both physiological and artificial, are in their essence more or less known; they are measurable and always identical in their action. These are the reactions that are studied in *Physiology*. Let us note that these reactions are all possible in natural or induced sleep; the experiments of vivisection are most usually performed in the state of narcosis. These stimuli are also *interchangeable* and we can equally excite the motor and sensory nerves and those of the special senses by their natural stimulus or by mechanical irritants such

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as a blow, heat or electricity. This last agent, which has been rendered very amenable by technical advances, may be substituted for any of the others. By varying the potential and the duration of the current we can stimulate all the nerves or induce the contraction of single muscles or of groups of muscles, and we can irritate the sensory nerves and produce pain or evoke visual, auditory, gustatory or olfactory sensations. Nothing better proves the materiality of these phenomena than the fact of their being thus able to be produced by this single physical agent.

I wish particularly to draw attention to the fact that the *voluntary nerve current*, as being the normal stimulus of the muscular function, may be replaced

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by electricity, so that, like Duchénne of Boulogne, we may produce, by suitably applied electrodes, a mimicry of the passions or cause an unconscious subject to execute combined movements of the arms and legs. In contradistinction, we cannot, by the use of these devices, produce the *motives* or *associations of ideas* which determine our actions under normal conditions. We may imitate the will in its effects, but we cannot create a voluntary current following upon perceptions synthetized into a *stimulant whole* of a psychological order.

Note also that when it is the sensory nerves or the nerves of special senses that are in question we pass from the strictly *physiological* domain and at once enter that of *psychology*.

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A new phenomena comes into play, that of *conscious perception*. We are now confronted by individual appreciations dependent upon the *mentality of the subject*.

But does not this mentality correspond with the cerebral constitution, with the physico-chemical conditions? Doubtless; there is nothing in the mentality which is not at the same time in the head. But we must frankly admit that we have not the slightest idea as to the nature of this phenomenon of the *receptive consciousness of all our sensations*. I can quite well conceive the transformation of a mechanical stimulus, such as a pin-prick, into a nervous wave *travelling* along the nerves with known velocity; I can also imagine the current arriving at cer-

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tain groups of cells and there producing vibrations of the nature of which we are ignorant, but which will not escape future investigations. But I find it impossible to understand, even to realize by thought, the transformation of that cellular activity into a *phenomenon of consciousness*, the perception of the sensation of the pinprick. This *consciousness* is the capital fact of psychic phenomena and not as Ribot declares an *epiphenomenon*. *Psychology* begins at this point of *perceptive consciousness*. Therefore the study of pure sensation no longer belongs to the domain of physiology in the restricted sense of the word. Inasmuch as it is perceived, sensation is already an *internal view of mental images* and that is a mystery which the

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researches of the greatest physiologists have been unable to reveal.

It is as though there were an *internal eye* which took note, not of the *movement in the cells*, but of what that movement *symbolically or ideally expresses*. We discern only a *mental image* which we call a *sensation* or *impression*. Conducted by way of our five senses, these sensations combine, and give rise to more or less complex mental representations. By a process which we do not yet understand but which it is perhaps permissible to regard as a question of *cellular euphory* the mental representations produce sentiments of pleasure or pain, or rather, of *well-being* or *ill-being*, which determine our actions, equally when we are obeying a moral idea or seeking the

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simple pleasure of a sensation. I do not hesitate to admit the materiality of all these phenomena, but here we enter upon a domain which, from its extent and the complexity of its phenomena, merits separate consideration.

We are now in the region of the *phenomena of mind*, in the *world of ideas*, and it appears to me puerile to try to follow the process by gazing through the microscope or calculating the calories absorbed by the work done. I do not mean to say that I reject the use of histology and biological chemistry; on the contrary, I am persuaded that cellular alterations will be discovered in all the psychopathies and that physico-chemical phenomena might be observed in the brain of any one who thinks, feels and acts. But we

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should only be able to note anatomical changes and physiological movements; *we should not see the passage of thought.* The process has analogy with the magnified image of an electric battery projected upon a screen. We see bubbles of hydrogen produced on the surface of the carbon and particles of zinc being dissolved; we observe all this effervescence, but we do not see the passage of the unknown agent that we call electricity.

It is the observation of this unexplained internal vision that has maintained the idea of dualism in many minds. The complexity of the mental functions is so great that ignorance of the manifold stimuli which cause us to act has led us to overlook the *necessary determinism* and to admit the *indeter-*

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minism of the mental operations. At the same time, contemplation of the order reigning in nature, and the repugnance that we feel to seeing our personality disappear, have led to theistic theories and belief in an after-life.

In these beliefs there is evidently nothing scientific, and if, personally, I remain sceptical in regard to them, I must say that we are all equally ignorant concerning the problem of life. Under these conditions all hypotheses are permissible, and no one has the right to ridicule the opinions of others when proof on either side is impossible. The great physiologist, du Bois-Reymond, devoted a notable lecture to these questions. He came to the conclusion that it was impossible for science to resolve the problem and he

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ended with the despairing word: *Ignorabimus*. With all my respect for biology and physics, I believe he was justified. Nevertheless, it is better not assume for the future. Let us leave hope for the ingenious researchers, but let us at least say: *Ignoramus*.

In my view, consequently, the word *soul* (âme) designates, not a special essence distinct from the body, but a *special function of the brain*, the *psychological function*. The central nervous system is the seat of numerous physiological phenomena: vascular contractions and dilatations, and physico-chemical changes with production of heat and electricity, but the *psychological function* acquires a special character from the *intervention of the mental representation*.

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Without reverting to a dualism that is scientifically impossible to prove, we shall always distinguish *psychology* from *physiology* and retain the terms *mind* and *soul*, not to designate something different from the body, but to indicate clearly the special character of this psychological function: *the existence of the phenomenon of consciousness*. Further, all our sentiments being merely agreeable or disagreeable *mental* images, and action being the necessary resultant of the dominant sentiment, at once we realize the predominance of the psychic function. Upon it, in fact, depends the conduct of a man, and from it he obtains the power to surmount obstacles. The object of all education is improvement of this mentality; it seeks to develop the *power of mental*

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synthesis, of guiding, according to ethical laws founded upon experience, the associations of ideas, which lead to actions. One may say that it tends to our ever greater *spiritualization*, that is to say, the harmonization of our actions with the Ideal which we have conceived. To avoid any confusion, I have proposed the term *idealism* to designate this moral impulse common to religions and to natural philosophy: in the mind alone exists the value of man.

In the *psychopathies* this psychic function is disordered in the domains of *reason*, of *feeling* or of *action*.

How does the disorder arise? What are the causes that determine it?

Certain facts at once draw attention to physical factors and militate in favour of the *somatic conception*. They are:

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1. *Heredity.* To speak of heredity is to indicate transmission by somatic channels. We do not inherit feelings, still less ideas; the world of mental representations only arises later. The hereditary cerebral constitution can merely give us certain organic tendencies, a particular manner of reacting to the influence of elementary sensations.

2. *The concomitance* of psychopathic states with physical stigmata of degeneration. It is evident that this correlation is not accidental and that there is a close association between physical and mental defects.

3. *The development or aggravation of psychopathies* under the influence of organic troubles of a physiological or pathological nature. The bodily dis-

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order precedes the mental symptoms and appears to be their absolute cause.

4. *Periodicity*. When we are able to exclude periodicity of moral factors, that is to say repetition of an emotion-producing event, then periodicity points to a somatic phenomenon.

5. *Improvement* or *cure* of psychopathic states by physical measures.

6. Last, but not least, the *observations in pathological anatomy* with which Dr. Ladame¹ has furnished us.

It would be easy to rebut these arguments of the "somatists" and say:

1. Heredity certainly supplies us with the basis for our psychic reactions, but we must not forget the part played by education in the development of the adult mentality and the moral factors that have acted upon the individual.

1. Cf. Ch. Ladame, *Nouv. Icon. de la Salpêtrière*, Avril, 1910.

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2. The concomitance of psychic degeneracy with that of the body is not surprising, especially from the monist point of view, but it does not exclude the operation of moral factors and we see physical degenerates who escape mental defects.

3. The development of psychopathies under the influence of physical causes does not prove that they are due to these alone; the same may be said in regard to the aggravation of psychopathies by bodily disease.

4. Periodicity may be simulated by repetition, often difficult to discover, of an emotion-producing event.

5. Cures due to physical measures may be explained by the undeniable influence of the physical conditions upon the mental ones, and by the action of suggestion.

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It would also be easy to adduce direct arguments in favour of the *psychological conception*; they are:

1. The fact that certain psychopathies arise suddenly under the influence of emotional disturbance or after repeated emotions.

2. Psychopathic contagion, observed not only in hysteria but also in neurasthenia, melancholia and even paranoia. The fact that a husband and wife with different hereditary tendencies, and educated, often, on different lines, may conceive the same false ideas, and together fall into neurasthenia or delusions of persecution, indicates psychic contagion by imitation.

3. The improvement or cure of psychopathies by means of psychic treatment.

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But I do not regard the problem in that way. It is not a question of opposing the *psychological conception* to the *somatic conception* and of quibbling over actual observations which demonstrate the influence of physical factors. My point of view is as follows:

The psychopathies are produced by the action of numerous factors both *physical* and *mental*, operating, according to the case, either separately or in combination. So all circumstances of the physical or psychic life which may disturb human existence have always been indicated as possible causes. It is a striking fact that, as Heinroth noted, all these influences are *commonplace* and affect most people at some time in their life. Yet, on the one hand, we see a large number of persons who pre-

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serve their reason in the midst of these vicissitudes, and, on the other, many who succumb to the action of factors which appear insufficient.

We must therefore conclude that these causes are merely accidental, merely provoking agents.

By themselves, of their own force, they do not produce psychopathies; something else is required, and the factor, without which there is no psychopathy, is the *primitive mentality*.

This factor was taken into account long ago, but not with sufficient precision, and erroneous conclusions were arrived at in regard to it.

In order to explain how some resist while others succumb, it was said that certain persons were more *predisposed* than others, and this *predisposition* was

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compared to that observed in relation to some of the contagious diseases, cholera, smallpox, etc. This is not sufficient. To begin with, predisposition of that nature cannot be observed before the event; it is postulated afterwards, to explain the difference between those who are affected and those who remain immune. Starting with the idea that the predisposition must be organic, alterations have been looked for in the blood, in the urine, in constitutional conditions observable by ordinary clinical methods, and a false route was thus followed, taking a provoking agent or simple concomitant condition as the primary cause of the psychosis.

In recent years the slighter forms of psychopathy have been more thorough-

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ly studied, and the existence of *psychopathic constitutions* has been recognized.

That is an advance. It is no longer a vague predisposition, absolutely latent, but already an acknowledged psychopathy, observable before the appearance of the psychosis precipitated by accidental factors. But the essential cause is still too much sought for in entirely material processes, such as developmental abnormalities in infancy or at puberty, modifications of the organism during menstruation, pregnancy or the menopause, etc., deterioration of the germ cell by alcoholism or syphilis, degeneracy. As I have pointed out in regard to the psychoneuroses, we must go further in the direction of Heinroth and Stadelmann.

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Each one of us has a *certain manner of reacting, thinking and feeling* (the "Fühlenanlage" of Stadelmann). The basis is given to us by heredity and the various conditions of fetal life. To this is added, from the earliest days of infancy onward, elementary educative influences which awaken within us sensations of well-being or ill-being. Thus is created our *proper mentality*, differing from that of other individuals, a different manner of thinking and feeling. Upon the basis of our elementary impressionability, by our experiences of life, by the influence of our surroundings, in short, through educative influences, there is developed, little by little, our *conscious mentality*, continually varying in the course of our existence but maintain-

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ing a particular complexion for each.

The harmonious development of our personality is always very difficult. We never altogether escape the effects of heredity or atavism or the all-powerful influence of environment. We come under the yoke of education, and our ever-present passions turn us from the straight path. Our lives are spent in the mental synthesis of all our sensations, sentiments and ideas, in combining them with preexisting images; and for the logic which presides over the association of our ideas we have not even a reliable guide, an absolute reason. It does not surprise me that the insufficiency of the reason has impressed so many minds and caused them to seek guidance in a decalogue dictated from Heaven.

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We all, indeed, have infinite trouble in maintaining our mental equilibrium, so that no one could venture to consider himself beyond the reach of the psychopathies. But evidently there is a very large number of individuals whose mentality is still more defective. It is these who succumb when physical and moral causes come into operation.

But there is yet another element to be taken into account. Our primitive mentality not only does not remain the same throughout the course of our existence, but it develops, and it is also subject to temporary, fortuitous variations which render it more vulnerable. One might call this the *mentality of circumstance* (the "Fühlage" of Stadelmann) behind which we may recognize the primitive mentality. This variabil-

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ity produces a temporary *fragility* just as in certain positions of the body we are less able to withstand a shock.

The causes which produce this *mentality of circumstance* are very numerous; I shall point out the following:

1. *Fatigue*. We think and feel differently when we are fatigued; we become fretful, gloomy and impatient and find increasing difficulty in accomplishing our manifold mental syntheses.

2. *Night*. When we do not sleep at night we do not look at things in the same light. Our mental images become distorted; we become pessimistic and anxious; we view the vicissitudes of life as through a magnifying glass. In dreams also, pessimistic exaggeration appears, revealing often our primitive mentality with its inmost desires which we conceal in the waking state.

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3. *Menstruation*. During the monthly periods a woman is no longer the same; her impressionability is augmented and often changes without her being aware of the fact. The menstrual psychoses with monthly recurrences are well known.

4. Puberty similarly produces modifications of the mentality in boys.

5. *Senility* modifies the mentality not merely by weakening the judgment, in which case our follies are pardoned, but also with full intellectual euphory we are often astonished at the mental substrata that senility reveals.

6. The various diseases all more or less influence our state of mind, either directly, by weakness or intoxication, or indirectly, by the melancholy reflections which they inspire.

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7. Intoxication with alcohol or other substances speedily modifies the mental operations.

It would be easy to indicate many more circumstances which are capable of temporarily, or in a durable manner, affecting our state of mind.

It is in this *unstable position* produced by circumstances that the provoking agent most readily attacks us and induces the catastrophe. Often it plays the double part both of provoking agent and of modifier of the primitive mentality. And amid these various factors we always come again to the *primitive mentality*. Under the influence of the same events, one becomes neurasthenic, another hysterical, hypochondriacal, melancholic or paranoiac according to their psychic tendencies.

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I have sometimes expressed this by saying: "As the tree grows so it falls."

The true cause of the psychopathies is therefore to be found in this *native weakness* of the mentality, in a *psychasthenia* which allows commonplace factors to precipitate the individual into an abnormal state. These latter are not specific in any sense; that is why they are so manifold; they consist in everything which lessens the reason or the power of judgment. It is not merely a simple predisposition; it is an already abnormal mental state demonstrable in the individual before he is actually ill. There are a great many regarding whom one might almost predict the catastrophe, once one knows their habitual mentality.

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In all psychopaths, moreover, when we become intimately acquainted with them, we observe a manner of *reasoning* and *feeling* that even in their lucid moments and quite apart from the subject of their insanity, departs from the normal conventional. I can affirm that in the whole of my medical career, continually in contact with such psychopaths, I have not found a single one exempt from these primitive mental defects consisting in oddnesses of character and notably in a *weakness of judgment* in various domains. Observe that I regard the slightest neurasthenia as a psychopathy. It is also true that there are many individuals who think badly but do not become psychopaths; that is because, in their case, there has not been the association

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of causal circumstances and temporary fragility.

The ultimate discovery of histological changes in the brain corresponding to the different forms of psychopathy, will in no way weaken these conclusions. Such lesions must exist, but they are secondary in the sense that they have been produced by the influence of mental representations. They are the residuum of functional activity.

Therapeutically, this conception which I term *psychological* demands a different procedure to what has hitherto been followed. Doubtless, we shall always seek to eliminate provoking agents, both physical and mental, by placing the patient under favorable conditions; by appropriate medication we shall counteract organic disorders

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which favour the development of psychopathic disturbances. But we are now urgently called upon to consider before everything, the *primitive mentality* of the subject and to correct it by a true *intellectual and moral education*.

The psychological function of the brain has indeed also its material basis; it consists in *cerebral work* and therefore the mind (*âme*), for we must preserve the word, is subject to the yoke of the other organs. But it is not the serious organic disorders observed by the clinician that alter the mentality the most profoundly. The mind may remain immune in bodily disease and, on the other hand, we find lunatics whose physical health is excellent. The psychic function is more delicate and intimate. It is not accessible to

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histological or chemical investigation, however searching these methods may become.

If the mentality with which we are endowed at a particular age were entirely native and hereditary, it would be very difficult to modify; often we should be able to do nothing but bow before the fatal law. But our mentality is a complex product made up of an innate foundation to which is added the superstructure of our sensible experiences. This mentality continues to evolve under the various educative influences acting daily upon us. And thus, by self-culture, our *personality* in a certain measure, we modify. It is evident that education designed and carried out by the psychotherapist, may equally alter the primitive tempera-

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ment of the particular patient. The pathological mentalities have been *formed*, and they can be *reformed*. Doubtless it is a difficult process, but it is *the true and only treatment for the psychopathies*. As the psychiatrist del Greco has very truly said, physical treatment only acts *en bloc* upon certain factors which contribute to the production of the psychosis; psychotherapy, by persuasion, alone goes to the root of the matter.

However difficult may be this method of treatment, which alone fulfils the *indicatori morbi*, I have seen too many remarkable and enduring results to doubt its efficacy. Medicine of the twentieth century cannot remain content with the views of a too simplistic materialism which thinks to resolve

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questions by suppressing them. Without abandoning its physiological researches, it will more and more recognize the importance of psychological phenomena.

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By JOSEPH GRASSET

Translated by Smith Ely Jelliffe, M.D., Ph.D.

In this book Dr. Grasset discusses the medico-legal aspect of crimes committed by persons who, through genius, heredity, upbringing or trouble, are not wholly insane, and yet are not wholly sane. This is the only work on this particular classification. Owing to its peculiar character it will appeal to physician, alienist, lawyer and layman alike. Of Dr. Grasset's extensive experience, wide research and great skill in neuropathology there can be no question.

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Author's Preface — Translator's Preface — Introduction. Chap. I.—The Semi-Insane in Literature and On the Stage. Chap. II.—Refutations of the Doctrines which Deny the Existence of the "Demifons." Chap. III.—Clinical Proof of the Existence of the Semi-Insane—Medical Study. Chap. IV.—Social Value of the Semi-Insane. Chap. V.—Rights and Duties of Society Towards the Semi-Insane. General Conclusion. Index.

"The subject is given a most thorough and detailed investigation, and the book is filled with interesting discussions of the mental status of many of the world's famous men and women who, in the eyes of the professional psychologist, are burdened with a taint of insanity."—*New York Press*.

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